

Jun 10 2005 9:49AM

HP LASERJET 3390 FAX CENTER 2307935

p. 1

JUN 10 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2009. GMB 0561-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM		Application Number	10 647,690
		Filing Date	08/25/2003
		First Named Inventor	Thompson
		Art Unit	3163Z
		Examiner Name	Wood, Kimberly
Total Number of Pages in This Submission	13	Attorney Docket Number	TH0000

(to be used for all correspondence after initial filing)

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> Alter Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ingrid McTaggart		
Signature	Ingrid McTaggart		
Printed name	Ingrid McTaggart		
Date	10-10-2005	Reg. No.	37,180

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	Ingrid McTaggart		
Typed or printed name	Ingrid McTaggart	Date	6-10-05

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

JUN 10 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kathryn Thompson

Art Unit: 3632

S. N. 10/647,690

Examiner: Wood, Kimberly

Filed: 08/25/2003

Docket: THO600

For: ARTIST'S EASEL

Hon. Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

June 9, 2005

RESPONSE

In response to the Office Action dated April 11, 2005,
Please amend the application as follows.

In the Claims:

Please amend claims 1 and 18 as follows. The claims
are shown on the following sheet(s) as specified in 37 CFR
section 1.121.

BEST AVAILABLE COPY